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SENSITIVE  
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TAGS: [TBIO](#) [KISL](#) [PGOV](#) [SOCI](#) [ECON](#) [KOCI](#) [EAID](#) [NI](#)  
SUBJECT: NIGERIA: WEAK HEALTH SYSTEM HURTING MDGS

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11. (SBU) SUMMARY. On October 9, the acting Supervising Minister of Health Mohammad Lawal, who is also the Minister of Labor, held a press conference in which he reported on the current health status of the nation. The report, while unrealistically laudatory of the ministry's efforts, described a weak health system. The health system is overburdened, under-funded and understaffed to fight the major health challenges the country faces, while attempting to meet the population's healthcare needs. President Yar'Adua's quest to attain the UN's Millennium Development Goals (MDGs) of lowering under five child mortality rate by two thirds and maternal mortality by three fourths by 2015, is unlikely to be met without reforms in the weak public health sector, and addressing other socio-economic challenges that directly or indirectly influence the health of the nation. Ambassador had the opportunity to travel with Lawal on November 13 and underscored the need for the GON to do more to address concerns over the resurgence of polio in Nigeria, particularly the north. END SUMMARY.

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RUDDERLESS MINISTRY  
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12. (SBU) A leadership gap in the Ministry of Health has stretched over six months since the former minister resigned due to corruption allegations in March 2008. While the President released a list of twenty axed ministers on October 29 and forwarded to the Senate on November 17 (announced publicly on November 18) a partial list of new ministerial appointments, he has not yet designated who will be carrying which particular portfolios, including that of the health ministry. A ten-page document distributed at the press conference outlined the major public health threats as malaria, HIV/AIDS, and high levels of infant, child and maternal mortality. It also mentions assistance the GON has received from principal development partners and enumerates self-identified accomplishments to date. The timing of the press conference was auspicious for what was in effect a valedictory effort by Acting Supervising Minister of Health Mohammad Lawal. (COMMENT: The FMOH's press release at the event largely provided old and outdated data, lacked any real reference to malnutrition as an underlying cause of child morbidity and mortality and is devoid of any significant discussion on reproductive health, beyond a plan for increasing the number of midwives. Consequently, it is difficult to objectively assess and verify challenges and successes. END COMMENT)

13. (SBU) According to the FMOH, malaria accounts for 60% of outpatient visits, 30% of childhood deaths, and 11% of maternal deaths. Nigeria also suffers from a very low tuberculosis detection rate of 30% (compared to the global rate of 70%) and has a high tuberculosis burden with an estimated 380,000 new cases per annum. Although the HIV prevalence rate has improved from 5.2% in 2003 to

4.4% according to the latest GON survey conducted in 2005, a lot needs to be done to maintain the declining rate and to care for those living with the virus. (COMMENT: A 2007 UNAIDS survey shows a 3.1% prevalence rate, a figure used by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). Malaria and tuberculosis are major public health challenges, which according to observers are not being effectively addressed by the FMOH and its state government counterparts. END COMMENT)

14. (U) There are 210 anti-retroviral (ART) sites, 263 preventing mother to child transmission (PMTCT) sites, and 813 HIV/AIDS counseling and testing (HCT) sites nationwide, according to the MOH. Currently, there are 226,000 people on ART, out of 250,000 targeted by the GON. (NOTE: PEPFAR data shows 263 ART sites, 472 PMTCT sites, and 731 HCT sites and nearly 199,758 individuals on PEPFAR provided ART treatment. The disparity stems from the GON's slowness to update data. END NOTE). Though not highlighted in the press release, GON resources have remained to date a small fraction of the resources for HIV service delivery efforts. The vast majority of testing and ART treatment is in fact supported by PEPFAR, and to a lesser extent, the Global Fund program.

15. (U) The GON is also underperforming in curtailing morbidity, especially in children under five, from largely communicable illnesses, such as acute respiratory diseases, measles, diarrhoeal diseases, polio and other vaccine-preventable illnesses. The GON has had success in almost completely eradicating guinea worm with only 42 cases in 2007 as opposed to 653,620 in 1988. The MOH expects the disease to be eliminated by the end of 2008. Reduction of child and maternal mortality remains a key challenge, and per the ministry's press release, there has been slow progress in reducing maternal, newborn, and child mortality due to "poor access to

ABUJA 00002275 002 OF 003

medical interventions." The Ministry has adopted an integrated, maternal, newborn and child health (IMNCH) strategy, a care system that goes from preconception through pregnancy, child birth, and infancy to early childhood, however the strategy has not yet taken effect. In addition, the Ministry plans to introduce a one-year mandatory national service for midwives.

16. (U) Health experts report the lack of safe and affordable medicine and the proliferation of fake and counterfeit drugs compound health problems. Nigeria lacks an efficient drug procurement and distribution system, which has lead to the flourishing of illegal markets for fake and counterfeit drugs. Little is being done to ensure the safety of food, water and chemicals used in everyday life, especially in the rural areas. Iodine utilization has grown to 98%, a silver lining in an otherwise dim picture. However, challenges remain including the smuggling of non-iodized salt and re-bugging of industrial salt as table salt.

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IMPROVING STANDARDS FOR HEALTH CARE  
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17. (U) The FMOH is putting together a new national strategic health development plan (NSHDP), which is expected to guide the development of the health sector. Between 2001 and 2008, the MOH has constructed 570 model primary health centers (MPHC) nationwide and equipped them with medical equipment, stock of essential drugs, and forms for the collection of health statistics. The long term plan is to have at least one functional MPHC center per political ward nationwide.

18. (U) The Ministry has also provided training and funding to MPHC health care practitioners for the implementation of a community based health plan. It has also developed and is implementing a ward minimum health care package (WMHCP) to standardize medical care nationwide. The ministry is also working on developing and implementing a manual on the minimum standards for PHC in Nigeria. (COMMENT: The operational and budgetary aspects of this plan and the responsibilities between the federal and state levels of government have yet to be worked out, and a new child survival and maternal child health initiative (expected in 2008) has yet to take

effect. END COMMENT).

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INTRODUCTION OF A NATIONAL HEALTH INSURANCE SCHEME  
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¶9. (SBU) The MOH has a plan to expand access to the three-year old national health insurance scheme (NHIS) beyond federal employees and members of the armed forces, which currently covers around 2.5 million people. The plan is to expand coverage to the organized private sector, rural communities, the urban self-employed, vulnerable groups such as pregnant women and children under five, and prisoners. Although the vision of providing universal access to healthcare is laudable, whether the NHIS has the technical, logistical, financial, and management wherewithal to efficiently run such a wide and complicated system remains to be seen.

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BIOMEDICAL AND PHARMACEUTICAL RESEARCH  
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¶10. (U) The Nigeria Institute of Medical Research (NIMR) conducts biomedical research in the country and helps build human and laboratory capacity in the health sector. It also collaborates with medical schools and health institutions within and outside the country. The National Institute for Pharmaceutical Research and Development (NIPRD) conducts basic and translational research for the development of pharmaceutical products. The U.S. National Institute of Health (NIH) has a working relationship with this institute and has funded the construction of a new chemistry and microbiology lab completed in 2007. This lab is being used by U.S. and Nigerian researchers for developing potential anti-tuberculosis and other agents.

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COMMENT  
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¶11. (SBU) Nigeria faces serious health threats and suffers from a weak health infrastructure that is overburdened, under-funded and understaffed to fight major diseases while attempting to meet the regular healthcare needs of its people. Access to basic health care needs to be expanded, especially in the rural areas. The lack of current and accurate public health data points to a weak health information system, a necessary ingredient for crafting and

ABUJA 00002275 003 OF 003

implementing appropriate health interventions and policy measures. USG assistance through PEPFAR, the President's Malaria Initiative and USAID and CDC program funding are making significant contributions to contain and curb the ravages of HIV/AIDS, malaria, and polio. Nigeria needs to show much more political and financial commitment to address the epidemiological and systemic challenges that it faces.

¶12. (SBU) The FMOH's press release largely provided old and outdated data, lacked any real reference to malnutrition as an underlying cause of child morbidity and mortality and is devoid of any significant discussion on reproductive health, beyond a plan for increasing the number of midwives. Consequently it is difficult to objectively assess and verify challenges and successes. The U.S. Mission will continue to engage and nudge the GON so that it fulfills its stated objective of improving the health of its people and achieve its developmental aspirations.

¶13. (U) This cable was coordinated with Consulate Lagos.

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